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VOICES
FOR CHILDREN

Testimony Regarding
H.B. 5172: An Act Establishing the Connecticut Healthy Steps Program
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Before the Public Health, Insurance and Real Estate and Human Services Committees
March 2, 2009

Distinguished Members of the Public Health, Insurance and Real Estate and Human Services Committees:

I am testifying today on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families.

One of my roles at CT Voices is to coordinate the *Covering Connecticut's Kids & Families* coalition, which brings together state and community-based organizations to promote coverage and access to care in the HUSKY Program. It has been a successful vehicle for dissemination of up-to-date information about the program to the many stakeholders who care so much about improving the health of vulnerable children and families, and has been invaluable to my understanding of how the program works "on the ground". I am an appointed member of the HealthFirst Connecticut Authority, which recently issued its findings and recommended strategies for reaching universal health care coverage and improving quality of health care in our state. My colleague Mary Alice Lee, Ph.D. has provided independent performance monitoring of the HUSKY program since the inception of the program.[1]

First, I offer the following general observation. The overall goals of the proposed legislation to reduce the number of uninsured state residents, reduce costs, promote good health, and improve the quality of care in our state are all laudable. However, in light of the report by the HealthFirst Connecticut Authority and House Bill 6600, *AAC The Establishment of the Sustinet Plan*, many of aspects of this bill may be better served through those two proposals.

I make the following specific comments about sections of the bill that impact the HUSKY program.

Support Sec. 24(d) with modifications: Restore "Continuous Eligibility" For Children in HUSKY

We wholeheartedly support restoration of "continuous eligibility" (CE) for children in the HUSKY program which was eliminated in 2003. In fact, the new federal CHIP legislation calls for enhanced outreach and enrollment strategies as a condition for receiving bonus payments to the states. Sec. 24, however, also provides CE for adults. Federal law prohibits federal matching funds for CE for adults. As a policy matter we would support CE for HUSKY adults, particularly given the large numbers of adults and children that go on and off the program in a given year.[2]

CE allows children a year of continuous health insurance coverage after enrollment or renewal in HUSKY, regardless of fluctuations in income. CE (which has been instituted in 29 other states) can

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address the "churning" that is common in HUSKY, as thousands of children cycle on and off the program due to temporary changes in family income. Research shows that the monthly cost of providing health care actually drops as individuals are enrolled for longer periods. See CT Voices for Children, *Avoiding Gaps in Children's Health Coverage: Restore "Continuous Eligibility" in HUSKY*, Feb. 2008, available at www.ctkidslink.org

Reject Sec. 23.(k) Imposes unfair costs on lower-income families. This section would impose co-payments for the use of the emergency room for non-emergency health care services. While everyone agrees that emergency departments should serve patients experiencing true medical emergencies and not routine care, the reasons that people frequent the emergency rooms are many. For example, low-income families may be instructed by their physicians to go to the ED. It may not be clear until after diagnosis that the symptoms that brought the person to the ED were not of an emergency nature after all. For example, indigestion can mimic signs of heart problems. Until we have a truly comprehensive primary care system where people can access medical care around the clock for routine, as well as emergency needs, we will not solve the utilization of emergency departments for non-emergency care. Although this legislation allows hospitals to waive the co-payments, research shows that imposition of costs on low-income families acts as a barrier to care.[3] And finally, the last thing poor people need is to run up yet another bill they cannot pay in the form of co-payments for emergency care.

Reject Sec. 21. Do not allow aged, blind and disabled Medicaid individuals to voluntarily enroll in the HUSKY Program, Part A and B as of January 1, 2010. This section would allow the fee-for-service population to enroll in managed care plans that participate in HUSKY A and B. We have several concerns about this proposal. First, HUSKY B is Connecticut's Children's Health Insurance Program (CHIP), which limits coverage to children. By state law, HUSKY B serves children under 19, whose families have too much income to qualify for HUSKY A (Medicaid). Adults are therefore excluded. Furthermore, the HUSKY B benefit package is not designed to meet the needs of the elderly or adults with disabilities.

Second, the HUSKY managed care program has undergone tremendous change in the last year. Along with behavioral health services, dental and pharmacy benefits have been "carved out" of the managed care program and are no longer the responsibility of the health plans. In addition, a primary care case management pilot program has been instituted effective February 1, 2009 along side the MCOs. PCCM pays primary care providers, such as a pediatrician or internist, an additional monthly fee to coordinate and manage a patient's health care. A HUSKY A family is able to sign up for PCCM rather than one of the three health plans – AmeriChoice, Aetna Better Health or CHNCT. It may make sense to institute a PCCM model for the most vulnerable and seriously ill in Medicaid since this population utilizes the most care and has the most complex needs. The Healthy Steps bill rightly acknowledges the need to institute disease and care management strategies for this population. We would agree. However, it makes no sense to include the elderly and those with serious disabilities in the current HUSKY managed care program.

Thank you for the opportunity to submit this testimony concerning HB 5172. Please contact me if you have questions or need further information.

[1] Lee, MA., Sullivan M., *Ensuring Accountability and Access to Care in the HUSKY Program through Independent Performance Monitoring.* Connecticut Voices for Children (February 2009), available at www.ctkidslink.org

[2] Lee MA., *Health Care for Children and Adults Newly Enrolled in HUSKY*, Connecticut Voices for Children, August 2008, available at www.ctkidslink.org

[3] Hudman J., O'Malley M. *Health insurance premiums and cost-sharing: Findings from the research on low-income populations.* Washington, DC: The Kaiser Commission on Medicaid and the Uninsured (March 2003), available at www.kff.org